

LIFEGUARD

023448

Middle Initial 1

Joseph

First Name_

OYMale D Female

Email address NCOLL with @ Jahas CAN

Zip Code

State NAA Country (1, 5, A.

Work Phone (617) - 588 - 7876

Home Phone (478) - 264 - 9706

Acton

Date of Birth 1/02/92

Competency Assessment & Performance Record Street Address 14 Washington Oc. Last Name Ricciardi A Note to the Employer

This record documents the competency and stills performed by the student at the completion of the StarGustria course.

Record is provided for use by the employer.
Official course records are maintained by the
independent Training Center that conducted the The Competency Assessment & Performance

guarantae futura performance nor Imply complete competency, provide alte-specific training and Completion of a StarGuarde course does not supervision, and monitor job performance. training for every circumstance. It is your responsibility as an employer to verify

site epecific training by completing the section below. This fite should also be used to hold inservice records, performance evaluations, or other items that verify competency on an ongoing basis. We encourage you to use this file to document

assessed every year, using a new Competency To ratain StarGuard certification, skills must be Assessment & Performance Record.

To be completed by Employer

đ Sta-specific Training Record Equipment and attractions Communication signals. Emergency Action Plan

Safe chemical handling MSDS_ Blobezard clean up policy___ ORules and policy_

Competency in Other:

O Carlotto training records for additional employers should be recorded on a separate form and kept in this tile.

Course and/or any supplemental printing module and have completed all course objectives; that it is my responsibility to, 1) obtain site specific training at the facility where I will work that includes orderation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR and fast aid stall levels, 3) to earthift professional behavior (StanGuard Best Practices) and maintain personal safety when in or around an equalic environment; that I may be photographed at any time when performing lifequard dubes, that competency assessment of my performance may be conducted at any time; that my trange may be used in training or promotional materials protected by the Stapfah Aquatics freditine or Human Kinetics. Statement of Understanding: I understand the training requirements for the StarGuard Pale 3/8/09

To be completed by instructor: I couldy that This individual has met the course requirements and demonstrated reasonable competency via written test and skill performance assessment and qualifies for completion certificates in:

Starfich Aquatics institute StarGuerda, American Safety & Heath Institute Basic First ALL Broodborne Pathogens, CPR Pro for the Professional Rescuera, American Safety & Heath Institute Emergency Oxygen

This student's record will be entered into the national registry and the course training records will be maintained according to the Treining Center Administrative Guidelines.

The student demonstrated competency in $M_{\rm s}$ at of water. Verification of performance in deeper water is the responsibility of the employer, based on site especific needs.

Training Center Affiliation: JWM Life Souring Phone: (613) - 945-1191 Leed Instructor Signature

Traditional Instructor led classroom/pool Contraditional Instructor lad classroom/pool Blended - Online Self-Study (Part A) Training Record

New StarGuards Witenewal StarGuards Constituence Glanded - Online Self-Study (Part A) ☐Blended - Instructor Led (Part B) ☑Renewal/Challenge instructor Led Renewal/Challenge Instructor Led Distended - Instructor Led (Part B) Type of course Type of course Acton - Boxbor Deta(s) 3/8/09 High School Location:

demonstrated reasonable competency via written test and stdill performence assessment and qualifies for completion certificates in: To be completed by instructor: I certify that This individual has met the course requirements and

instructor Number __ Instructor Number Instructor Number Waterpark StarGuards Date_ Waterfront StarGuard, Date, DWildemess StarGuards Date

Number 158

Specially training can be conducted concurrently with a StarGuard course or as a separate module.

StarGuard

STARFISH AQUATICS INSTITUTE APPROVED CERTIFICATION CARD

Jason Malinowski Twin LATINGWing III

has successfully completed and competently performed the required knowledge and skill objectives

Includes American Selety & Health Institute OPR Pro for the Professional Rescue (VALIA, Chib.), Intern)
Basic Frest Ad. - Broodbome Pathogens - Emergency Coppen

Starfish Aquatics Institutes Saving Lives One At A Timos

Specially Module Training Wateley(crt Witchipless Mateley(crt Witchipless Knowledge end altill not assessed in fast environment it exceeded above

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Lifeguard

Certification Card

Souah Lynch 978-844-767 or 978-264-4936

email sarah. Iynch 86 @ yahoo. com

Together, we can save a life

This recognizes that

Sarah Lynch has completed the requirements for

Lifeguarding/First Aid

conducted by

Camp Thoreau, Inc. Date completed

The American Red Cross recognizes this certificate as valid for year(s) from completion date.

logether, we can save a life

This recognizes that

has completed the requirements for CPR/AED for Lifeguards

conducted by

Camp Thoreau, Inc. Date completed

The American Red Cross recognizes this certificate as valid for . year(s) from completion date.

Lifeguard Certification Card

StarGuard.

has successfully completed and competently performed the required knowledge and skill objectives

Includes American Safety & Health Institute CPR Pro for the Professional Rescuer (Adult, Child, Infent) Basic First Aid · Bloodbome Pathogens · Emergency Oxygen

Starfish Aquatics Institute® Saving Lives One At A Time®



STARFISH AQUATICS INSTITUTE APPROVED CERTIFICATION CARD
JESON Mainowski Talah Infanting 153

noticed Instructor (Print Hame) Training Center

3/29/10

Water depth of demonstrated competer

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Specialty Module Training

raining Waterpark Waterijont Williamess edge and still not assessed in that environment if crossed out above

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Successful completion incidents card holder has met required incombings and still digitalities of the curriculum to the statistics of an Skil authorized instruction. This course was delivered through an authorized independent Training Centre than existinal course records. Societated conventions on the programments are sizely complete training for every discussions, and centrification or fecenses. Program content is based on incommendations of the 2005 National Facilities and Ab Schema Adrivery Board. Amenican Heard Absociation, Place Countries (Program Content of Cybracidate(C)COS), other evidence-based science, and inclusivy less procious. It is the suppossibility of the sumplement of the programment in the statistical delivery board. Amenican Heard Absociation (Programment and Absociation Content on the statistics and the statistics are statistics and the statistics and th



www.startishaquatics.org

Statement of Understanding: I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and first aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that I may be photographed at any time when performing lifeguard duties, that competency assessment of my performance may be conducted at any time and that my image may be used in training or promotional materials produced by the Starfish Aquatics Institute or Human Kinetics Publishers.

D.H. 6125/08

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

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Certified Pool / Spa Operator®

Achievement for

Stephen J. Richard

as an Operator of Aquatic Facilities CPO® Registration No. 01-222314, is hereby Certified and Registered

by the NATIONAL SWIMMING POOL FOUNDATION

1/15/08

DATE CERTIFIED

imes

Thomas M. Lachocki C.E.O.

Barry Worcester INSTRUCTOR

SupplyScape Safe & Secure

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500 Unicorn Park Drive, Suite 102 Woburn, MA 01801 •Telephone: 781.305.8085 •Fax: 781.376.9820



Certified Pool / Spa Operator® Achievement for

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1/15/08

DATE CERTIFIED



Barry Worcester INSTRUCTOR

Thomas M. Lachocki

Fax from : 17813769820

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THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

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THE COMMONWEALTH OF MASSACHUSETTS

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THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

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THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

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MAY 1 5 2007

ACTON BOARD OF HEALTH

Instructor's Signature

Chapter American Red Cross of Massachusetts Bay

Holder's Signature
Jelen Wilson

Cert, 653998 (Rev. Oct. 2001)



This recognizes that

Tyler Wilson has completed the requirements for Lifeguard Training and First Aid

conducted by

Camp Thoreau Inc

Date completed 4/21/2006

The American Red Cross recognizes this certificate year(s) from completion date. as valid for 3

Ty Wilson

Chairman, American Red Cross
Instructor's Signature
Cosse

Chapter American Red Cross of Massachusetts Bay

Holder's Signature

July Wilson

Cert. 653998 (Rev. Oct. 2001)

Red Cross



Together, we can save a life

This recognizes that

Ty Wilson has completed the requirements for

CPR/AED for the Professional Rescuer

conducted by

Camp Thoreau, Inc.

Date completed

4/4/2007

The American Red Cross recognizes this certificate as valid for year(s) from completion date.

fogether, we can save a life

This recognizes that

Elizabeth Jenkins has completed the requirements for

CPR for the Professional Rescuer

conducted by

Camp Thoreau Inc

Date completed Date completed 2/20/2006
The American Red Cross recognizes this certificate

year(s) from completion date.



Together, we can save a life

This recognizes that

Elizabeth Jenkins has completed the requirements for Lifeguard Training and First Aid

conducted by

Camp Thoreau Inc

Date completed 2/20/2006

The American Red Cross recognizes this certificate as valid for 3 year(s) from completion date.



Together, we can save a life

This recognizes that

Elizabeth Jenkins has completed the requirements for Community First Aid & Safety

conducted by

ACTON BOXBOROUGH REG.- H.S.

Date completed 01/28/2005

The American Red Cross recognizes this certificate year(s) from completion date. as valid for 3

American Red Cross Of Mass Bay Holder's Signature Elmabeth Jenkins

Cert. 653998 (Rev. Oct. 2001)

of Mass Bay Holder's Signature Impateth Jenkind

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American Red Cross of Massachusetts Bay

Holder's signature

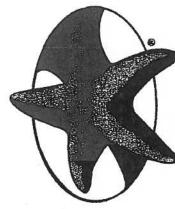
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StarGuard

HULTON

has successfully completed the required knowledge and skill objectives

Starfish Aquatics Institute_® Saving Lives One At A Time_®



Jui E. White

Jeson Malinoush, Instructor

Date completed Valid for one (1) year

Lifeguard

Certificate

StarGuard

Peter Gomaz

has successfully completed the required knowledge and skill objectives

Competency Assessment and Performance Record Number 11277 is registered with the Starfish Aquatics Institute

Starfish Aquatics Institute. Saving Lives One At A Time.

Jui E. White

Instructor



Date completed Valid for one (1) year

Chairman, American Red Cross
Instructor's Signature

Sampsino County Chapter Northampton MA 01060

Holder's Signature
Cicilia Killyk

Cert. 653998 (Rev. Oct. 2001)

Date completed

The Americal Red (Joss recognizes this certificate as valid for year(s) from completion date.

L007/ST/70

HYMPSHIRE COMMESS

PROFESSIONAL RESCUER

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Diss completed the requirements for

CECITIVA DENKINA

Together, we can save a life

Red Cross

This recognizes that

Date completed

has completed the requirements for

HYALEY DIDRIKSEN

The American Red Cross recognizes this certificate as valid for 3 $$\rm year(s)$ from completion date.

Camp Takodah conducted by TERST AID LIFEGUARD TRAINING AND

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THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

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TYPE OF SWIM	IMING POOL:	PUB	LIC SEMI-PUBL	IC _	SPECI	AL PURPOSE
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we can save a life

Together,

we can save a life

we can save a life





This recognia Water Safety Instructors hide of the Learn to Swim program conducted by Date completed

This recognizes that

Marty Gomez has completed the requirements for

CPR for the Professional Rescuer

conducted by

CAMP THOREAU CLUB

Date completed

O5/10/2004
The American Red Cross recognizes this certificate year(s) from completion date.

This recognizes that

Marty Gomez has completed the requirements for

First Aid

conducted by

CAMP THOREAU CLUB

Date completed

05 10 2004 The American Red Cross recognizes this certificate year(s) from completion date. as valid for 3

This recognizes that

Marty Gomez has completed the requirements for

Lifeguard Training and First Aid

conducted by

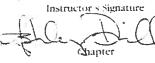
CAMP THOREAU CLUB

Date completed

05/10/2004 The American Red Cross recognizes this certificate

year(s) from completion date. as valid for 3

Instructor s Signature



Holder's Signature

© Cert. 653430 (Rev. June 1997)

Chairman, American Red Coiss

Instructor's Signature

American Red Cross of Massachusetts Bay Holder's Signature

Cert, 653998 (Rev. Oct. 2001)

American Red Cross of Massachusetts Bay Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

American Red Cross of Massachusetts Bay

Holder's Signature

Cert, 653998 (Rev. Oct. 2001)

RECEIVED

ACTON BOARD OF HEALTH

StarGuard, is a nationally recognized lifeguard program delivered by independent Training Centers authorized by the Starfish Aquatics institute. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply At the completion of the course, the student demonstrated competency in f of water. Verification of performance in deeper water is the any licensure. It is the responsibility of the employer to verify continuing responsibility of the employer, based on site-specific needs. competency and to provide site-specific orientation and in-service training. Enhanced Training/Supplement Modules:

Designations must match original Authorization form at national office. MAED

Emergency Oxygen

□Waterpark □Wildemess

Pro-ormitscapse was

OWaterfront O

StarGuard. Includes American Sarety & Health Institutes certification for: CPR Pro for the Professional Rescuer quatics Institute. Name

Instructor Number _ Authorization Number 58 Valid thru Bloodborne Pathoge; Basic First Aid

COURSE COMPLETION CAN

Pas Hill

StarGuard_o is a nationally recognized lifeguard program delivered by independent Training Centers authorized by the Starfish Aquatics Institute. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. At the completion of the course, the student demonstrated competency in t

Designations must match original Authorization form at national office.

WWW.ashinshinte.org

Sam -

Starfish Aquatics Institute.

Man Land

StarGuard.

Authorization Number 20057
Instructor Number 15%

Includes American Safety & Health Institutes certification for:
CPR Pro for the Professional Rescuer
Basic First Aid
Bloodbome Pathogens

Valid thru ON 33/0/

INSTRUCTOR TRAINER COMPLETES THIS SECTION Any alterations to this certificate other than those allowed by national polithis certificate null and void. INSTRUCTOR COURSE: Show completion and expiration dates below. To deter for courses completed Innuary - September is the year of the second December 31 following the course completion date. For courses completed October-December, use the year of the third December 31 following the completion date. Course Completion Date INSTRUCTOR REVIEW COURSE: Show the completion date only. With "Review" on Expiration Date line in the upper left section of this form. Review Course Completion Date Thit in Which the Instructor Who Is "Reviewed" Is Currently Authorized Current Certificate Current Certificate Current Certificate	American Red Cross INST LAUREN E. De Cesar Name Name Name The Instructor course in Name of Course AT The Moreau Club Name of Racility or Organization Where Course Was C CONCORD Expiration Date Sequence of Instructor Name of Racility or Organization Where Course Was C CONCORD Expiration Date Sequence of Instructor Name of Racility or Organization Where Course Was C CONCORD Expiration Date Sequence of Instructor Name of Racility or Organization Where Course Was C CONCORD Red Cross INSTRUCTOR COURSE IN Name of Course Name of Racility or Organization Where Course Was C CONCORD Red Cross INSTRUCTOR COURSE IN Name of Course Name of Racility or Organization Where Course Was C CONCORD Red Cross INSTRUCTOR COURSE IN Name of Course AT The Thomas Instructor Course Was C CONCORD Red Cross Red Cross INSTRUCTOR COURSE IN Name of Course AT The Thomas Instructor Course Was C CONCORD Red Cross Red Cross AN A	This recognizes that LAUREN DECESAR has completed the requirements for First Aid conducted by ACTON BOXBOROUGH REG H. Date completed 06/19/2003 The American Red Cross recognizes this certificate as valid for 3 year(s) from completion date.
TOR TRAINER COMPLETES THIS SECTION certificate other than those allowed by national policy make I void. ISE: Show completion and expiration dates below. The expirampleted January - September is the year of the second g the course completion date. For courses completed e the year of the third December 31 following the course Date Certificate Expires: December 31, 2006 EW COURSE: Show the completion date only. Write the word an Date line in the upper left section of this form. Current Certificate Residue Certificate Current Certificate	INSTRUCTOR CERTIFICATE INSTRUCTOR CERTIFICATE URSE IN SCHOP CLUB The Was Conducted The Was Conducted	This recognizes that LAUREN DECESAR has completed the requirements for First Aid Basics conducted by ACTON BOXBOROUGH REG H.S. Date completed 06/10/2004
A copy of this record will be filed for five (5) years at the location noted below. (Your instructor trainer will provide this information.) MASS BAY of Boston Instructor Trainer's Unit of Authorization 285 Columbus Me Street Address Baston MA 02/16 City, State, ZIP Code Red Cross Unit Where Course Was Conducted (If different from above) Ann Boudfot Name of Instructor Trainer (Print)	Mo. Day Yr. 11 18 88 (978) 635-922 () Date of Birth Home Telephone No. Home Address Home Address Home Address Home Address City, State, ZIP Code Business Name Business Address City, State, ZIP Code As an authorized American Red Cross instructor, I agree to conduct courses in accordance with requirements and procedures established by the American Red Cross. Red Cross. Red Cross Red Cross Red Cross Spranture of Instructor Red Cross Red Cro	Date completed 106/10/2004 The American Red Cross recognizes this certificate as valid for year(s) from completion date. This recognizes that Lauren Deceasar has completed the requirements for Lifeguard Training and First Aid conducted by Camp Thoreau Day Camp Date completed 05/20/2005 The American Red Cross recognizes this certificate as valid for 3 year(s) from completion date.

Instructor's Signature Chapter **American Red Cross**

of Massachusetts Bay Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

of Massachusetts Bay

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

Together, we can save a life

This recognizes that

Lauren Deceasar bas completed the requirements for

CPR for the Professional Rescuer

conducted by

Camp Thoreau Day Camp Date completed

Date completed

05/20/2006

The American Red Cross recognizes this certificate as valid for vear(s) from completion date.

American Red Cross of Massachusetts Bay

Holder's Signature

Cert. 653999 (Rev. Oct. 2001)

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

SHOPPEN, MORE	WIMMING	POO	L INSP	ECTION F	REPOR	Talled A	Legister 1
TYPE OF SWIMMING	POOL:	PUBI	IC X	SEMI-PUBLI	ic _	SPECI	AL PURPOSE
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owner: Same				ADDRESS			
DATE OF INSPECTIO	N: POOI	L CAPAC	CITY	INSPECTED	BY:	an on bridge	a mireait in
6.20.04	# OF	GALS.	and the second	Umar	Ceau	1	
METHOD OF WATER	TREATMENT:	BATI	HER	# OF LIFEGU	JARDS	WATE	R SOURCE:
Cl.		LOAI	D:	alternative con		40	WW.
Water Sample Taken	for bacteriologic	cal testin	ng?	Yes	□ No	annen sant	u- sult d
POOLSIDE READIN	IGS	ON DEPTH ()	plan be	A PROPERTY AND A PROP	an ann		G VIII N
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Alkalinity				Chlorine	2		3
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THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

			TOTAL COLOR					
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TYPE OF SWIM	IMING POOL:		PUBI	TIC X	SEMI-PUBLI	С	SPECI	AL PURPOSE
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OWNER:	same	k retalled	tan I	- Vinio	ADDRESS	201	W -	sierant la
DATE OF INSP	ECTION:	POOL CA		CITY	INSPECTED	BY:	r Livy selluit	milwä Kr
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METHOD OF W	ATER TREAT!		BATI LOAI		# OF LIFEGU	JARDS	WATE	R SOURCE:
Water Sample	Taken for bacte	riological	testir	ng?	Yes	□ No		ascoli :
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StarGuard, Professional Lifequard Course Completion Authorization



e complete	additional	SS HARD)		, Å	7:	300 Widdle Initial	!	
Last Name	addehonor	me 30M	(° -	. 57.7	(Middle Initial		
Street Address	and Gavare	1						
city Actol	(1709	ntry US7	4	Z	ip Code	01720		
Home Phone (178	for patrols 1211	P91-PP3	59		√ 0 W	ale 🛚 Female	!	
Date of Birth 07	On thois	166 20 W	1@ Ya	hoo.(<u>om</u>			
Training Center that	7 001	tion where	e you tool	your tra	ining Ho	rvard Rida	e	
New Student		Course c	ompletion	date () 5		15 /2005		
List the location where	you will be working (if known) Patriots	1009 11iH			ā		_	
I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and First Aid skill levels, 3) to exhibit professional behavior(StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that I may be photographed at any time when performing lifeguard duties and that my image may be used in training or promotional materials produced by the Starfish Aquatics Institute. Student Signature Adult 1 Multiple Date (15/2005) ase rate the following elements. 5= excellent/strongly agree. 1=poor, strongly disagree.								
Student manuals were ea	appreciated. Please use the back of the TOP copy. asy to use and understand.	5	4.	3	2			
The training sessions we	re organized, with good pace and flow.	Q	<u> </u>	<u> </u>	10	<u> </u>		
The Instructor(s) exhibite The Instructor(s) were known	d a professional attitude.	1 1 1 2 1		0				
The course was not too b		40	16	10	10	15		
The course increased m	confidence and ability to take action.	V	0	0		0		
My overall score for this		14						
	ated surveillance was provided during all water sessinost outstanding about this course? (rand				ı û			
What would you suggest	for improvement?	ructor and	3000	2 Man		100		
		hich course?						
maintain this student's re Signature of Lead Instru Co-Instructors: (Name at	ual has completed the course requirements and derrecords according to the Training Center agreement.							
	uarde is a professional lifeguard program that meets the requirem	ents to be	- cres	5	Starfish	Aquatics Inst	itute _®	

considered an equivalent of nationally recognized lifeguard training courses. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training.

At the completion of the course, the student demonstrated

competency in 4 to water.

Enhanced Training/Supplement Modules:

Emergency Oxygen □Wilderness Only

☐Wilderness plus Pool StarGuard

□Waterfront

Name

StarGuard.

A. Marinetike Alimber 7700

Professional Lifeguard Includes American Calety & Flealth Institutes certification for: **CPR Professional Rescuer** First Aid-Universal

Bloodborne Pathogens

Validtha Clitics

NH WEST CHAPTER

Holder's Signature

NH WEST CHAPTER

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

Cert. 653998 (Rev. Oct. 2001)

year(s) from completion date. & Tol bilsy 26 The American Red Cross recognizes this certificate S007/L7/80

Date completed

Camp Takodah

couqueted by

FIRST AID **LIFEGUARD TRAINING AND**

has completed the requirements for

CELESTE WILSON

This recognizes that



year(s) from completion date. 1 rol bilay as The American Red Cross recognizes this certificate S007/L7/80 Date completed

Camp Takodah

conducted by

KESCNEK

CPR FOR THE PROFESSIONAL

has completed the requirements for **CEFEZLE MITZON**

This recognizes that

Together, we can save a life

19th@1:00

Polity 088 + 408°
Swimming Pool

Town of Acton Application

Permit to Operate Public/Semi-Public Swimming Pool

Swimming Pool Swimming Pool Wading Pool	\$230(seasonal) \$340(year round) \$35	d	DS-0100					
Owner Name:	Patriots Hill Reco	eation Club						
Address:	21 Musket Drive	avui -						
Phone Number:	978-263-1089							
Certified Pool Operator name: Copy of Pool O	Aquatic Technologies perator's Certification submitted							
Contact Person:	Leslie Mulcahy	or	Sarah Murphy					
Address:	Lestie Mulcahy or Sarah Murph 9 Lincoln Drive, Actor 16 Revolutions Actor, MA							
Phone Number:	978-7/3-0170							
Anticipated Date of P Anticipated Date of P Tentative Operating S	ool to Open: May 28, 20 ool to Close: Sept. 11 Th	2005						
620 MM	AM	PM						
Sunday	10	8						
Monday	8	8						
Tuesday	8	8						
Wednesday	8	8						
Thursday	8	8						
Friday	8	8						
Saturday	10	8						

- □ Lifeguard Certifications Submitted□ Key to Facility Supplied to Health Department
- Please contact the Acton Board of Health at 978-264-9634 to schedule an opening inspection of the swimming pool(s). Allow enough time for a possible re-inspection prior to opening.

American Red Cross

Course Record Addendum

Page _

COMPONENTS LAT This form MUST be completed with the Course Record (Form 6418R). COURSE NAME AND CODE GRADE GRADE GRADE DATE COURSE BEGAN NAME OF CO-INSTRUCTOR NAME OF INSTRUCTOR GRADE ENROLLED ENROLLED GRADE ENROLLED ENROLLED GRADE ENROLLED ENROLLED ENROLLED ENROLLED CharlOE CHINOLINE ENROLLED GRADE GRADE ENHOLLED GRADE H t H Ð First H 2007 05 t) U t V DATE COURSE ENDED FIRST TOTAL ENROLLED (Add each column.) FIRST LAST FIRST LAST LAST FIRST LAST tranich+0 Hurdle Morgan Valalie Alyssa aura 1000 iscarello 47 CA GO リアグラー JUL AND 105h U+180 とつらが NAME 20 105 BIREET CITY AND STATE WHERE COURSE WAS HELD SIGNATURE OF INSTRUCTOR SPONSORING RED CROSS UNIT SIGNATURE OF CO-INSTRUCTOR FOR DISASTER COURSES ONLY CITY, STATE, ZIF STREET CITY, STATE, ZIF CITY, STATE, ZIP STREET K milling CITY, STATE, ZIP CITY, STATE, ZIF CHITY, STATE, ZIP CITY, STATE, ZIF CITY, STATE, ZIF STREET For information on component codes and which certificate(s) each participant receives, please contact your local unit or refer to the course component chart. Acton,MA. OLIGO MAILING ADDRESS PHONE INSTRUCTOR COMMENTS DSHR CERTS TO ISSUE (UNIT USE)

TOTAL PASSED (Add each column.)



To Whom It May Concern:

Enclosed is a copy of the American Red Cross course record sheet for Lifeguard
Training, First Aid and CPR for the Professional Rescuer. This document indicates Josh
Hurdle's successful completion of the course requirements. If there are any further
questions please contact me at the address below.

Sincerely

Kelly Gosselin

The Thoreau Club

275 Forest Ridge Road

Concord, MA. 01742

(978) 369-7349



To Whom It May Concern:

Enclosed is a copy of the American Red Cross course record sheet for Lifeguard
Training, First Aid and CPR for the Professional Rescuer. This document indicates
Lauren DeCeasar's successful completion of the course requirements. If there are any
further questions please contact me at the address below.

Sincerely

Kelly Gosselin

The Thoreau Club

275 Forest Ridge Road

Concord, MA. 01742

(978) 369-7349

D.H. 5120105

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

swit-ordin	SWIMN	IING I	P00	L INSP	ECTION F	REPOR		u andress.
TYPE OF SWIM	MING POOL:	Will Talk	PUB	LIC	SEMI-PUBLI	C	SPECI	AL PURPOSE
NAME OF POO	Pats	Uli	2631 7233 : 1 244		ADDRESS	nus	Ke	Cal
owner: Sa	me	i mi sellir,		X 14 . 36 . 17	ADDRESS	Com di merila Disenten penya		engage (Fig. 1980) Services
DATE OF INSPECTION: POOL CAPACITY INSPECTED BY: 5/19/08 # OF GALS. INSPECTED BY:								
METHOD OF WATER TREATMENT:			BATHER # OF I		# OF LIFEGU	GUARDS WATE		R SOURCE:
Water Sample Taken for bacteriological testing? ☐ Yes ☐ No								
POOLSIDE RE	EADINGS	notificación e		emi nã terc	nez same 16 discus	in the near	elistany ethi	8 C G D 71
SWIMMING WADING						SWIMMING		WADING
Bromine				Calcium Hardness		2200-1-035-		egie II
Alkalinity	60			Total Chlorine		3		3
Cyanuric Acid				Free C	hlorine	3	-	3
Water Temp				Comb. Chlorine		-6		0
pH Level	7.4	7.4		Other		U distanti su rei in s		
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Together, we can save a life

as valid for 1

year(s) from completion date.

The American Red Cross recognizes this certificate as while for

Date completed

HAMPSHIRE COUNTY

conducted by

PROFESSIONAL RESCUER

CPR FOR THE

has completed the requirements for

MARY JENKINS

This recognizes that

American Red Cross

Together, we can save a life

has completed the requirements for

AND FIRST AID LIFEGUARD TRAINING

MARY JENKINS

This recognizes that

CONDUCTED BY HAMPSHIRE COUNTY

The American Red Cross recognizes this certificate

as valid for 3 year(s) from completion date.

Date completed 4/17/05

Hampshire County Chapter Northampton, MA 01080

Chairman, American Red Cross Instructor's Signature

Durant 2

Holder's Signature

Cert. 653999 (Rev. Oct. 2001)

Chairman, American Red Cross Instructor's Signature

But Men &

Chapter Hampshire County Chapter

Northampton, MA 01060

Holder's Signature

Cert. 653999 (Rev. Oct. 2001)



This recognizes that

Dede Horvath has completed the requirements for **AED Essentials (Adult)**

conducted by

CAMP THOREAU CLUB

Date completed 02/25/2005 The American Red Cross recognizes this certificate as valid for $1 \cdot \text{year(s)}$ from completion date.



This recognizes that

Dede Horvath has completed the requirements for

CPR for the Professional Rescuer

conducted by

CAMP THOREAU CLUB

Date completed

Date completed
02/25/2005
The American Red Cross recognizes this certificate year(s) from completion date. as valid for



Together, we can save a life

This recognizes that

Dede Horvath has completed the requirements for Lifeguard Training and First Aid

conducted by

CAMP THOREAU CLUB

Date completed 02/25/2005

The American Red Cross recognizes this certificate as valid for year(s) from completion date. as valid for 3

Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guerantee future performance nor imply considered an equivalent of nationally recognized lifeguard training courses. any licensure. It is the responsibility of the employer to verify continuing $\mathsf{StarGuard}_{\mathfrak{D}}$ is a prolessional lifeguard program that meets the requirements to be competency and to provide site-specific orientation and in-service training. At the completion of the course, the student demonstrated competency in to water.

Enhanced Training/Supplement Modules:

DEmergency Oxygen

Wilderness Only Designations must match original authorization form at national office. JWaterpark/Play Features

TWilderness plus Pool StarGuard TWaterfront www.startishamatics.org

Hutton Name

Starfish Aquatics Institutee

StarGuard. professional Lifeguard

Appludes American editory a Health Institutes certification for CPR Professional Rescuer COURSE COMPLETION CARD Valid thru 5/11/06 Bloodborne Pathogens First Aid-Universal

Authorization Number 1346
Instructor Number 156

American Red Cross

Together, we can save a tife

This recognizes that

has completed the requirements for

PROFESSIONAL RESCUER CPR/AED FOR THE

Washtenaw County Chapter Date completed 04.62.05 conducted by

The American Red Cross recognizes this certificate year(s) from completion date. as valid for

has completed the requirements for This recognizes that Jenna Barr

CPR/FPR

Together, we can save a life

Chapter

Holder's Signature

Chairman, American Red Cross

Bushita &

Instructor's Signature

American Red Cross

conducted by

Date completed 5/26/1)4 The American Red Gross recognizes this certificate year(s) from completion date.

Cert. 653998 (Rev. Oct. 2001)



American Red Cross

COMMUNITY FIRST AID AND SAFETY

Conducted by CHAPTER

has completed the requirements for

This recognizes that

Jenna Barr

LIFEGUARD TRAINING AND

The American Red Cross recognizes this certificate

Date completed 5/26/04

as valid for 3 years from completion date.

MIN | MIDS

Instructor's Signature

Homen O.

ERLYACK VALLEY CHAPTER

Chapter

32110

Holder's Signature

Cert. 653460L (Rev. July 1997)

hecertification

StarGuardo is a professional liteguard program that meets the requirements to be considered an equivalent of nationally recognized liteguard training courses. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee tuture performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training.

≥ Emergency Oxygen ☐Wilderness Only

(IWaterpark/Play Features

Starfish Aquatics Institutes

Didriksen

StarGuard.

tarGuard. Professional Lifeguard lactudes American Safety & Health Institutes certification for: **CPR Professional Resouer** First Aid-Universal Bloodborne Pathogens

Authorization Number 72 Instructor Number

Valled thru 5/10/06

אווו כבאוולמאיי פייי

CHRISTOPHER SHARP

has completed the requirements for

LIFEGUARD TRAINING AND conducted by FIRST AID

The American Red Cross recognizes this certificate year(s) from completion date. ARC of the Susquehanna Valley 04/17/2004 Date completed as valid for 3

This recognizes that

CHRISTOPHER SHARP

CPR FOR THE PROFESSIONAL has completed the requirements for RESCUER

The American Red Cross recognizes this certificate year(s) from completion date. ARC of the Susquehanna Vallev 04/17/2004 conducted by Date completed

Cert. 653999 (Rev. Oct. 2001)

Holder's Signature

ARC of the Susquehanna Valley

Instructor's Signature Chapter

Chairman, American Red Cross

But Went

Cert. 653999 (Rev. Oct. 2001)

Holder's Signature

ARC of the Susquehanna Valley

Instructor's Signature

American Red Cross

Together, we can save a life



American Red Cross



Together, we can save a life

as valid for 1



Mary.

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS 105 CMR 435.000

					JEC HUJ
Winds.	SWIMN	IING POO	L INSPECTION F	REPORT	military.
TYPE OF SWIM	MING POOL:	PUB	LIC SEMI-PUBLI	C SPECI	AL PURPOSI
NAME OF POO	Pats	Hill	ADDRESS	1 Must	et Or
OWNER:	ame	na kirokuda awba	ADDRESS	usus con contribuir es xirris supplification	EXILOR IN THE
DATE OF INSPI	OY	POOL CAPA # OF GALS.	CITY INSPECTED	BY: UCUU	ranazore milmerini
METHOD OF W	ATER TREATM	IENT: BAT LOA		JARDS WATE	ER SOURCE:
Water Sample T	aken for bacter	iological testi	ng? X Yes	□ No	
POOLSIDE RE	EADINGS		eligio di unic, si il -distinutione	и 1 п	S. 1921
	SWIMMING	WADING		SWIMMING	WADING
Bromine			Calcium Hardness		i digiti di
Alkalinity			Total Chlorine	3	3
Cyanuric Acid			Free Chlorine	3	3
Water Temp		_	Comb. Chlorine	0	A
pH Level	7.0	7.2	Other	4910101 - 14	UIII=0i
Observed violation	2) men	ing po	sm toilet a	re Roca altent	eas van
ett alekselad		= C t · Tohu			R.
NOTE: SUMMA	RY OF REGUI	ATION 105 CI	MR 435.000 ON REVERS	ESIDE	12/16/19/10 1 ₀₀₁ /8/15/10/10
Micha Received	el DiGse			Inspector	<u> </u>
			State of the transmitted of the	Dth	

Patriot's Hill Recreation Club 2004

RECEIVED

JUL 1 2 2004

ACTON BOARD OF HEALTH

Emergency	Numbers
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Police	911
Fire/Ambulance	911
Poison Control	(800) 682-9211
Acton Medical	(978) 263-1131
Concord Hillside (Adults)	(978) 371-1300
Concord Hillside (Pediatrics)	(978) 371-2900
Acton Board of Health	(978) 264-9634

Life Guards

Mike DeCesar (Head Guard)	(978) 635-9252
Mary Jenkins	(978) 635-0027
Cecelia Jenkins	(978) 635-0027
Christopher Sharp	(978) 263-6849
Adrienne Wilson	(978) 263-2423
Lauren DeCesar	(978) 635-9252
Kyle Hutton	(978) 263-0438
Patrick Donaghue	(978) 263-6676

Board Members

	(978) 635-0851
	(978) 266-9860
	(978) 266-1870
	(978) 263-7552
	(978) 264-9727
	(978) 263-0170
	(978) 635-1919
nel	(978) 635-3799
	nel

Pool Engineers

Tom Kearney	(978) 263-7552
Rich Langin	(978) 264-9727

Other

Aquatic Tech	(800) 446-6414
Barry Worcester	(978) 502-8598 (cell)
Waste Management (Trash pick-up)	(978) 568-8341
Pool	(978) 263-1089



StarGuard, Professional Lifeguard Course Composition Authorization



To be completed by Student: (PLEASE PRINT, USE PEN, AND PRESS H	ARD)			7	217		
Last Name Donoghve First Name	Patrick				Middle Initial		
Street Address 27 Jack 00 Dave							
City Acton State MA Country	<u>US</u>	A		Zip Code	05710		
Home Phone (178)763 - 6676 Work Phone ()				ФN	lale 🗅 Female		
Date of Birth 4 / 2 / 88 Email address PD 5 Sk	CIC	act.	(0M				
Training Center that conducted your training For Charles Location New Student Renewal Replacement card.	on where	you too	k your tra	aining 10	July Doger		
New Student □ Renewal □ Replacement card.	Course c	ompletio	n date	61	18 /2004		
List the location where you will be working (if known) Vatricts +1	* 11	Y00	\				
	produced	nay be ph I by the S	otographe tarfish Aq Date ee. 1=poo	d at any ti uatics Inst	me when performing itute. disagree.		
Additional comments are appreciated. Please use the back of the TOP copy.	5 1 2 0.	4	3	2	10 1		
Student manuals were easy to use and understand.	Ø.				 		
The training sessions were organized, with good pace and flow. The Instructor(s) exhibited a professional attitude.	团	10	18	+=	+6-1		
The Instructor(s) exhibited a professional autitude. The Instructor(s) were knowledgeable.	101.	18	18	10			
The course was not too basic, not too complex.	voi.	18	16	16	1 o		
The course increased my confidence and ability to take action.	Ø	1 DV	10	10	 		
My overall score for this course:	0,	10	10	0			
Was constant and dedicated surveillance was provided during all water sessions?	Yes		0				
What did you find to be most outstanding about this course?\\(\text{VOLD} \)\(\text{VOLD} \)\(\text{VOLD} \)	ہے بارین	3 Cal	10000	352 6 6	2400		
	and a	0.00		100			
What would you suggest for improvement?				-			
What would you suggest for improvement? Have you previously completed a lifeguard course? ZNo Yes Which cou	urse?						

StarGuardo is a professional lifeguard program that meets the requirements to be considered an equivalent of nationally recognized lifeguard training courses. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training.

At the completion of the course, the student demonstrated competency in ______ft of water. **Enhanced Training/Supplement Modules:**

Designations must match original authorization form at national office. 瘤 AED

□Wilderness Only

□Wilderness plus Pool StarGuard □Waterfront

Starfish Aquatics Institute

Name

StarGuard. Professional Lifeguard ocludes American Salety & Health Institutes certification for: **CPR Professional Rescuer** First Aid-Universal **Bloodborne Pathogens**

This recognizes that

Marty Gomez
has completed the requirements for
CPR for the Professional Rescuer

conducted by

CAMP THOREAU CLUB
Date completed 05/10/2004
The American Red Cross recognizes this certificate as valid for 1 year(s) from completion date.

Together, we can save a life

American Red Cross



Chairman, American Red Cross
Instructor's Signature
Chapter
American Red Cross
of Massachusetts Bay
Holder's Signature

Cert. 653998 (Rey. Oct. 2001)

This recognizes that

Marty Gomez has completed the requirements for Lifeguard Training and First Aid

conducted by

CAMP THOREAU CLUB
Date completed 05/10/2004
The American Red Gross recognizes this certificate as valid for 3 year(s) from completion date.

Together, we can save a life



Chairman, American Red Cross

Chapter
Chapter
Merican Red Cross
of Massachusetts Bay
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

1030

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS

- 20								
== my staff	SWIMN	IING P	00	L INSF	PECTION F	REPOR	J MEST	BERNOON D
TYPE OF SWIM	MMING POOL:	701ie > 5	PUB	LIC X	SEMI-PUBLI	IC	SPECI	AL PURPOSE
Patric	ts 411	1 Re	20	milioners Jedick	ADDRESS (usk	et	DR
owner:	me.				ADDRESS	A Sand Sand	WHI THE	
DATE OF INSP	ection:	# OF GA		CITY	INSPECTED	BY: OU CLA	ul	
Cl	ATER TREATN		BATI LOA	0:5	# OF LIFEGU	JARDS	WATE	ER SOURCE:
Water Sample 7	Taken for bacter	riological	testii	ng?	Yes	□ No	ing Basi	name wild
TOOLSIDE RE	SWIMMING	WADIN	G	Versie Versie		SWIM	MINC	WADING
Bromine				Calcius	m Hardness	SWIM	MING	WADING
Alkalinity					Chlorine	3		2
Cyanuric Acid				Free C				3
Water Temp		1111			Chlorine			7
H Level	7.2	7,4	or other	Other				
Observed violation	Plan Plan Pho		X Je	pear for for	5, to /day - disi) - 7/6,	nfee 104	tes for	7/0/0
OTE: SUMMA	RY OF REGUL	ATION 10	05 CM	IR 435.00	O ON REVERSE	E SIDE	1 000	7018
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9121/04

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

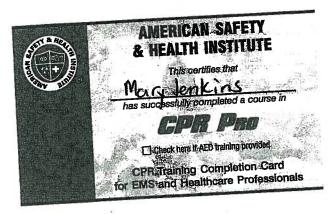
STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS 105 CMR 435.000

		-		0.000	zaneg til i i i ki			1000
TOTAL ST	SWIMM	IING	POO	L INS	PECTION	REPOR	T	A maje w
TYPE OF SWIMMI	NG POOL:	Yes in	PUB	LIC D	SEMI-PUBI	LIC [SPEC	IAL PURPOSI
NAME OF POOL:	ts H	111	Po	01	ADDRESS	mus	sre	t Dr.
OWNER:		Hod I C a C	1100	12	ADDRESS			ver aids
5/20/04		POOL # OF C		CITY	INSPECTED	BY: Arcea	2/(r was and
METHOD OF WAT	ER TREATM	IENT:	BAT LOA		# OF LIFEG			ER SOURCE:
Water Sample Take	n for bacter	iologica	l testi	ng?	Yes	□ No		AL I
POOLSIDE REAL	INGS			<u>ь.</u>	2 (103	LJ 140	27 8 11 10	A E HALL S
S	WIMMING	WADI	NG			SWIM	MING	WADING
Bromine				Calciu	m Hardness	SVVAIVA	MIII	WADLING
Alkalinity					Chlorine			HIERAN BE
Cyanuric Acid					Chlorine	7/15 111		end Dade El
Water Temp					Chlorine			
oH Level	100		Alberta	Other				
Observed violations:	1000	di	1/()	(DPA)	20	AV)	7
45 F. J. 22 F. B. J. 13	110680184	iir eesw	-	7	POS			
Notice has observed day	General Persy	los ellerit	exat est	io maren	nilog new set les.	m/2/74-14/8 5		wim (18) ter
are the second than the			SIEROS	ones of the		11200	nel the (so	epart at
OTE: SUMMARY	OF REGULA	ATION	105 CM	IR 435.00	O ON REVERS	A SIDE	n der Sch	annos ig
A SECURITION OF THE PERSON				uiga byu ng			12.00	DESTE W
Received By					7	Inspecto	r	

THE COMMONWEALTH OF MASSACHUSETTS TOWN OF ACTON

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS 105 CMR 435.000

			with and a factories		sul shi s	2 1 2 7 07	
88.04	SWIMN	IING POO	L INSPECTION F	REPOR	Т	36 — II = 114°	
TYPE OF SWIM	IMING POOL:	PUB	LIC SEMI-PUBLI	ic [SPEC	IAL PURPOSE	I
NAME OF POO	triots	Will	ADDRESS	mu	SKE	t Dr.	
OWNER:	+ Hill	Asso	OC. ADDRESS	ga guyaya		rodet d	
5/17/	ECTION:	POOL CAPA # OF GALS.	CITY INSPECTED	0 1 1	la	U	
METHOD OF W	ATER TREATM	MENT: BAT		JARDS	WATE	ER SOURCE:	
Water Sample T	aken for bacter	riological testi	ng? Yes	□ No	A margarit		
POOLSIDE RE		and a substantial co					
	SWIMMING	WADING		SWIM	MING	WADING	
Bromine			Calcium Hardness	11 Q 1=02 a	8 1 0 1	a 1/10 10	
Alkalinity	60		Total Chlorine	5		2	
Cyanuric Acid			Free Chlorine	5		a	
Water Temp			Comb. Chlorine	a		(1)	
pH Level	7.0	William Lines	Other	1	a sheri	•	
Observed violatio	secure	. tada	ter a dee	ρ e)	nd		ř
(3)	7 meet	dec	L civea to	PP	D C	lebris a	11+.
9	Scrub	bab	4 POOl-	cal	200	when	mote
NOTE: SUMMA	RY OF REGUL	ATION 105 CN	IR 435.000 ON REVERSE	CIDE	NO COMPANS		
AUD Received	ves	dell'essection un	1	Inspecto	eeu		
			A.H				
			51	18/04			



CPR SUBCOMMITTEE APPROVED COMPLETION CARD JOSEPh Malinery (Print Name)
Holder's Signature
100
517103 SI17103 Date Completed Renewal Date
Note:
Training Agency Note
This program follows the most current cardiouplimonary rescusitation research and guidelines available for emergency cardiac care. This card does not guarantee future CPR or first ald sperformance by the holder nor imply any licensure. Valid for up to 2 years. For comments or concerns, call ASH Institute, (800) 248-5101, www.ashinstitute.com.

This program follows the most current cardiopulmonary rescusitation research and guidelines evaluate to the performence by the holder not imply any licensure. Veild for up to 2 years. For comments or performence by the holder not imply any licensure. Veild for up to 2 years. For comments or concerns, call ASH Institute, (800) 246-5101, www.ashinstitute.com.

Training Agency Note

Renewal Date SOILITS Date Completed EDITIE

Holder's Signature

Instructor/Facilitator (Print Name) CPR SUBÇOMMITTEE APPROVED COMPLETION CARD for EMS and Healthcare Professionals CPR Training Completion Card

Check here it AED training provided

has successfully completed a course in رود، ان مل محمالا، مع

This certifies that

S HEALTH INSTITUTE YTERICAN SAFETY





CPR QUICK REFERENCE CHART

Count	1, 2, 3, 4, 5	182838485	1 & 2 & 3 & 4 & 5 10,11,12,13,14,15
Ratio compressions to ventilations	t:8	1:9	15:2
Compression rate	.nim\00t tasel tA	Approximately 100/min.	.nim\001 yletemixorqqA
Depth of compressions*	thoni t of 1/4	to 1 1/2 inches	sentoni S of ¾ ↑
Compress with	2 fingers	bash t to leaH	sbnsrl S to leeH
Method	F-0 9gA TNA7NI	CHILD Age 1-8	ADULT Over 8 years old

*Compressions at the center of breast bone

iviethod	INFANT A- C	- OIMAI	
Compress with	INFANT Age 0-1	CHILD Age 1-8	ADULT Over 8 years old
Depth of compressions*	2 fingers	Heel of 1 hand	
	½ to 1 inch	1 to 1 ½ inches	Heel of 2 hands
Compression rate	At least 100/min.		1 1/2 to 2 inches
Ratio compressions to ventilations	5:1	Approximately 100/min.	Approximately 100/min.
		5:1	15:2
Count	1, 2, 3, 4, 5		
	1	1 & 2 & 3 & 4 & 5	1 & 2 & 3 & 4 & 5
compressions at the center of	breast bone		10,11,12,13,14,15

CPR QUICK REFERENCE CHART

has completed the requirements for **WARY JENKINS** This recognizes that



American Red Cross
We'll be there.

ycar(s) from completion date. The American Red Cross recognizes this certificate

7002/11/>0

year(5) from completion date.

04/11/2005

The American Red Cross recognizes this certificate

THOREAU CLUB

(ECC 7000) CPR for the Professional Rescuer

Date completed

Date completed

THOREAU CLUB

conquered by

Lifeguard Training and Kirst Aid

has completed the requirements for MARY JENKINS

This recognizes that

American Red Cross
We'll be there.

Cert. 653999 (Rev. Feb. 1999) Holder's Signature American Red Cross of Massachusetts Bay

Holder's Signanue

American Red Cross of Massachusetts Bay

Cett. 653999 (Rev. Feb. 1999)

Dear Mrs. Rowles

Chris completed the Challenge First Aidand CPR American challenge First Aidand CPR American Red Cross course today. His Red Cross course today. His certification cards should arrive certification cards should arrive in a few weeks.

Thank you,
Joe Marashio
ABRHS
978-264-4700
X4134



Anaphylaxis Workshop

(3 hours)



WINA (D-

has successfully completed this Workshop, including instructions in the proper administration of injectable epinephrine.

Use of these skills must be approved by a physician advisor or medical control. This certification is valid for three years.

Instructor

7 ony Hawgood

6/2/03

WILDERNESS MEDICAL ASSOCIATES®

Toll Free I-888-WILD-MED 189 Dudley Road, Bryant Pond, ME 04219 www.wildmed.com

Wilderness First Aid

16 Hours

Kyle Hutton

WHA ID: 01-2286

has successfully completed the above course in accordance with the standards of Wilderness Medical Associates. This certification is valid for three years.

Instructor Tony Hawgood

Date 6/2/03

WILDERNESS MEDICAL ASSOCIATES®

Toll Free 1-888-WILD-MED 189 Dudley Road, Bryant Pond, ME 04219 www.wildmed.com

This recognizes that a life

we can save

fogether,

KYLE HUTTON

has completed the requirements for

Lifeguard Training and First Aid

conducted by

ACTON BOXBORO COMM. EDU.

Date completed

05/03/2003

The American Red Cross recognizes this certificate as valid for 3 year(s) from completion date.



Fighting Heart Disease and Stroke

Healthcare Provider

Kyle Hutton

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers Program. CPR / AED

03-15-04

03-06

Issue Date

Recommended Renewal Date

. 6/11/03

Dear Mrs. Rowles

Harren completed her

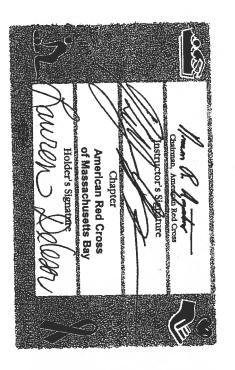
American Red Cross First A. Q

and CPR challenge course today.

Her certificates should arrive

in a few weeks.

Thank you Joe Marashio ABRHS 978-264-4700 × 4134



American Red Cross of Massachusetts Bay

Chapter

Holder's Signature



has completed the requirements for

LAUREN DECESAR

This recognizes that

This recognizes that

CPR for the Professional Rescuer

conducted by

Date completed

The American Red Cross recognizes this certificate as valid for 1 year(s) from completion date. THOREAU CLUB 06/12/2002

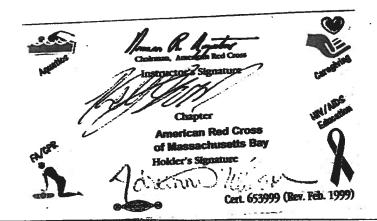




Date completed

The American Red Cross recognizes this certificate as valid for 3 year(s) from completion date. year(s) from completion date.

Lifeguard Training and First Aid has completed the requirements for LAUREN DECESAR THOREAU CLUB conducted by 06/12/2002



American Red Cross Netl be there.



This recognizes that
ADRIENNE WILSON
has completed the requirements for
Lifeguard Training and First Aid

conducted by

THOREAU CLUB

Date completed

04/11/2002

The American Red Cross recognizes this certificate as valid for 3 year(ρ) from completion date.



lational Safety Council®

non-governmental, not for profit international public service organization devoted to protecting life and promoting health. Founded in 1913, the National Safety Council is a

safety, health and environmental policies, practices and and economic losses arisir Our mission: to educate and influence society to adopt procedures that prevent and

Professional Rescuer CPR Course

Course Completion Date:

Course Expiration Date:

04/02/2003

SAFETY AND FIRST-AID EDUCATION
TRAINING GENTER

G. Wellenstein, EMT 0489749

Instructor Name

Instructor Number

For re-certification, contact us at least one month prior to the expiration day on front of card

SAFE

5 Otsego Ave Lowell, MA 01851

Tel (978) 924-1981 Fax (603) 375-8327

Email:

safe@nesbg.com

SAFETY AND FIRST-AI

"Where your SAFETY

EDUCATION

is our Business"

Custom First Aid, CPR and Safety Programs

Est. 1994



National Safety
Council Training
Agency



StarGuard, Professional Lifeguard Course Completion Authorization



To be completed by Student: (PLEASE PRINT, USE PEN, AND P		CUIC
Last Name HOTVOTH First Name	me Deirdre	Middle Initial
Street Address 77 Liberty St.		
City Actor State MA Courtement of the Phone (978) 363 4465 Work Phone (intry USA zi	p Code 01730
Home Phone (978) 363 4965 Work Phone ()	☐ Male ☐ Female
Date of Birth 13/21/87 Email address Yt	1401103/16/1004	mail com
Location where you took your training MARKARD RID	Course comple	tion date//200
☐ New Student ☐ Renewal ☐ Crossover or Replacement ca	•	
List the location where you will be working (if known)		
I understand the training requirements for the StarGuard course and/or the course objectives. I understand that it is my responsibility to, 1) obtain site-spemergency procedures and practice with equipment, 2) to maintain my rescubehavior(StarGuard Best Practices) and maintain personal safety when in or I understand that my skills must be evaluated annually to renew my authorize. Student Signature	ue, CPR, and First Aid skill levels, 3 around an aquatic environment. ation.	will work that includes orientation to be exhibit professional
Course Evaluation: Please rate the following elements. 5 = excellent/strong Additional comments are encouraged and appreciated. Please use back of to Student manuals were easy to use and understand. The training sessions were organized, with good pace and flow. The instructor(s) exhibited a professional attitude. The instructor (s) were knowledgeable. The course was not too basic, not too complex. The course increased my confidence and ability to take action. Your overall score for this course. Constant and dedicated surveillance was provided during all water sessions. What did you find to be most outstanding about this course? What would you suggest for improvement?	op copy. 5 4 (
What would you suggest for improvement? Have you previously completed a lifeguard training course ☐ No ☐ Yes-		
To be completed by Instructor: I certify that: This individual has completed the course requirements and dem maintain this students records according to the Training Center agreement. Signature		ulular

StarGuard, is a professional lifeguard program that meets the requirements to be considered an equivalent of nationally recognized lifeguard training courses Enhanced training specific to adjunct equipment, or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. During training, student has demonstrated competency in ______ ft of wat

Enhanced Training designated by SOLID circle. Pesignations must match original Authorization form at national office.

Emergency Oxygen O Wilderness Only

O Triathlon Only

O Waterpark/Play Features O Wilderness plus Pool StarGuard

AED O Waterfront

O Triathlon plus Pool StarGuard

AMERICAN SAFETY & HEALTH INSTITUTE 800-246-5101 www.starfishaquatics.org

Tille	TI D

AMERICAN SAFETY & HEALTH INSTITUTE STARFISH AQUATICS INSTITUTE

Name

StarGuard.

Professional Lifeguard Includes American Safety & Health Institute certification for:

✓ CPR Professional Rescuer

First Aid-Universal ✓ Bloodborne Pathogens

COURSE COMPLETION CARD

Authorization Number Instructor Number

American Red Cross

This recognizes that

CELIA JENKINS

has completed the requirements for

Lifeguard Training and First Aid

conducted by

THOREAU CLUB

Date completed

The American Red Cross recognizes this certificate as valid for 3 year(s) from completion date.

American Red Cross We'll be there.





This recognizes that

CELIA JENKINS

has completed the requirements for

CPR for the Professional Rescuer

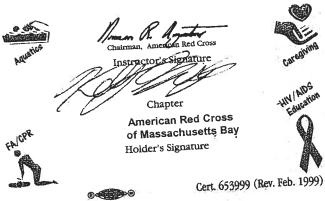
(ECC 2000) conducted by

THOREAU CLUB

Date completed

04/11/2002

The American Red Cross recognizes this certificate as valid for 1 year(s) from completion date.





StarGuard, is a professional lifeguard program that meets the requirements to be Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee tuture performance nor imply considered an equivalent of nationally recognized lifeguard training courses. any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. At the completion of the course, the student demonstrated competency in to water Enhanced Training/Supplement Modules:

DWilderness Only Designations must match original authorization form at national office.

TWilderness plus Pool StarGuard TWaterfront JWaterpark/Play Features

www.starlishamatics.org

Pre-ofutishings was

StarGuard. Appludes American earely & Health Institutes certification for Professional Lifeguard

Starfish Aquatics Institutee HUTTOD

CPR Professional Rescuer Bloodborne Pathogens First Aid-Universal

Valid thru 5/11/06 COURSE COMPLETION CHAIG

Authorization Number 134 b

This recognizes that

has completed the requirements for Jenna

PROFESSIONAL RESCUER CPR/AED FOR THE

Washtenaw County Chapter conducted by

Date completed 04.62.05

The American Red Cross recognizes this certificate year(s) from completion date. as valid for

has completed the requirements for This recognizes that Jenna Barr

CPR/FPR

Together, we can save a life

American Red Cross

conducted by

Date completed 5/26/04 The American Red Gross recognizes this certificate year(s) from completion date.

Cert. 653998 (Rev. Oct. 2001)

MERRIMACK-VALLEY CHAPTER

Holder's Signature

Chairman, American Red Cross

Instructor's Signature

has completed the requirements for

This recognizes that

Jenna Barr

LIFEGUARD TRAINING AND



COMMUNITY FIRST AID AND SAFETY

conducted by CHAPTER



The American Red Cross recognizes this certificate

Date completed 5/26/04

as valid for 3 years from completion date.

MINIPARION !

RELMACK VALLEY CHAPTER

Holder's Signature

Cert. 653460L (Rev. July 1997)

32110

Together, we can save a tife

American Red Cross

hecertification

StarGuarde is a professional liteguard program that meets the requirements to be considered an equivalent of nationally recognized liteguard training courses. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee tuture performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific crientation and in-service training.

At the completion of the course, the student demonstrated competency in American to water.

competency in Manager it or water.

Enhanced Training/Supplement Modules:

Designations must match original authorization form at national office.

TMAtternat/Play Features

35 AED ☐Waterpark/Play Features

≍≦Emergency Oxygen □Wilderness Only

☐Wilderness plus Pool StarGuard ☐Waterfront

The state of the s

Starfish Aquatics Institutes

Didriksen

StarGuard.

tar Guard. Professional Lifeguard lactudes American Safety & Health Institutes certification for: **CPR Professional Resouer** First Aid-Universal Bloodborne Pathogens

Authorization Number Instructor Number

Valid thru 5/10/06 COURSE COMPLETION CARE